



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5180

<b>SERIAL NUMBER</b> 09/927,914	<b>FILING DATE</b> 08/10/2001  <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 1314.2004-001
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**

Timothy P. Tully, Cold Spring Harbor, NY;  
 Filippo Cavalieri, Forest Hills, NY;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/224,227 08/10/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 10/01/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 93	INDEPENDENT CLAIMS 11
---	------------------------	---------------------	--------------------	--------------------------

**ADDRESS**  
 21005  
 HAMILTON, BROOK, SMITH & REYNOLDS, P.C.  
 530 VIRGINIA ROAD  
 P.O. BOX 9133  
 CONCORD, MA  
 01742-9133

**TITLE**  
 Augmented cognitive training

<b>FILING FEE RECEIVED</b> 1587	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
------------------------------------	---	--

☐ Credit